

**CLAIMS ONLY**

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
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Total Indep.	3					
Total Depend.	6					
Total Claims	9					

* May be used for additional claims or amendments						
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep.						
Total Depend.						
Total Claims						